

<i>SERFF Tracking Number:</i>	<i>SHLI-126095237</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42023</i>
<i>Company Tracking Number:</i>	<i>03L10309</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>EZ Term Application</i>		
<i>Project Name/Number:</i>	<i>EZ Term App/10309</i>		

Filing at a Glance

Company: Shelter Life Insurance Company

Product Name: EZ Term Application

TOI: L04I Individual Life - Term

SERFF Tr Num: SHLI-126095237

State: Arkansas

SERFF Status: Closed-Approved-Closed

State Tr Num: 42023

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Co Tr Num: 03L10309

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Dina Krofta, Berdetta Moore

Disposition Date: 04/08/2009

Date Submitted: 03/31/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: EZ Term App

Project Number: 10309

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/08/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/08/2009

Created By: Berdetta Moore

Corresponding Filing Tracking Number: 03L10309

Deemer Date:

Submitted By: Berdetta Moore

Filing Description:

Form L-306.14 is an application for life insurance. It will only be used with previously approved form number L-630.1.

Shelter Life Insurance Company

1817 W. Broadway, Columbia, MO 65203

SERFF Tracking Number: SHLI-126095237 State: Arkansas
Filing Company: Shelter Life Insurance Company State Tracking Number: 42023
Company Tracking Number: 03L10309
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: EZ Term Application
Project Name/Number: EZ Term App/10309

Group Number 123
NAIC Number 65757
Filing Number 03L10309

Contact Person: Berdetta Moore
Toll Free Number 800-shelter

Company and Contact

Filing Contact Information

Berdetta Moore, Actuarial Administrative Assistant
1817 W. Broadway
Columbia, MO 65203
blmoore@shelterinsurance.com
573-214-4832 [Phone]
573-214-6942 [FAX]

Filing Company Information

Shelter Life Insurance Company
1817 W. Broadway Street
Columbia, MO 65203
(800) 743-5837 ext. [Phone]
CoCode: 65757
Group Code: 123
Group Name:
FEIN Number: 43-0740882
State of Domicile: Missouri
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Life Insurance Company	\$0.00	03/31/2009	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1565397	\$50.00	03/27/2009

<i>SERFF Tracking Number:</i>	<i>SHLI-126095237</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42023</i>
<i>Company Tracking Number:</i>	<i>03LI0309</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>EZ Term Application</i>		
<i>Project Name/Number:</i>	<i>EZ Term App/10309</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/08/2009	04/08/2009

SERFF Tracking Number: *SHLI-126095237*

State: *Arkansas*

Filing Company: *Shelter Life Insurance Company*

State Tracking Number: *42023*

Company Tracking Number: *03LI0309*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life*

Product Name: *EZ Term Application*

Project Name/Number: *EZ Term App/10309*

Disposition

Disposition Date: 04/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SHLI-126095237</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42023</i>
<i>Company Tracking Number:</i>	<i>03LI0309</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>EZ Term Application</i>		
<i>Project Name/Number:</i>	<i>EZ Term App/10309</i>		

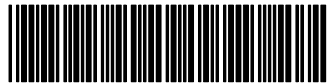
Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application for Life Insurance		Yes

SERFF Tracking Number:	SHLI-126095237	State:	Arkansas
Filing Company:	Shelter Life Insurance Company	State Tracking Number:	42023
Company Tracking Number:	03LI0309		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name:	EZ Term Application		
Project Name/Number:	EZ Term App/10309		

Form Schedule

Lead Form Number: L-306.14

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-306.14	Application/ Application for Life Enrollment Insurance Form	Initial		41.500	L-306.14.pdf



C O N T R A C T



A P P E Z



SHELTER LIFE INSURANCE COMPANY

1817 WEST BROADWAY, COLUMBIA, MISSOURI 65218-0001

**\$50,000 LEVEL TERM
TO AGE 40**

**APPLICATION FOR LIFE INSURANCE
EZ TERM**

Applicant's Family # _____

1. Name (Last) (First) (MI)		SSN		<input type="checkbox"/> M <input type="checkbox"/> F	
2. Marital Status	Hgt. ' "	Wgt. lbs.	Birth Date	Age	State of Birth
3. Address (Street)		(City)		(State)	(Zip)
4. Phone No.			U.S. Citizen or Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Driver's Lic. #		State	Occupation		
6. Primary Beneficiary (Name, address, age, relationship)			Contingent Beneficiary		
7. Payment Mode: <input type="checkbox"/> Ann. <input type="checkbox"/> Semi-Ann. <input type="checkbox"/> Qtrly. <input type="checkbox"/> Sp. Mon.			Prem. Attached \$	<input type="checkbox"/> COD	Yes No
8. Have you, in the last 12 months, used tobacco in any form?					<input type="checkbox"/> <input type="checkbox"/>
9. Have you, in the last 3 years, been convicted of a DWI, a DUI or any other moving violations?					<input type="checkbox"/> <input type="checkbox"/>
10. Do you participate in aviation activities, ultralight flying, hang gliding, parachute jumping, rodeo riding, underwater diving, racing of any motor powered vehicle or any other hazardous sport or activity?					<input type="checkbox"/> <input type="checkbox"/>
11. Have you, in the last 5 years, used illegal drugs or had treatment for alcohol or drug use?					<input type="checkbox"/> <input type="checkbox"/>
12. Have you, in the last 5 years, had or been treated for: frequent asthma attacks or other lung disorder, diabetes, tumor, cancer, heart or blood disorder, high blood pressure, liver or kidney disease, ulcerative colitis, Crohn's disease, multiple sclerosis, lupus, muscle disease of any kind, positive HIV test, AIDS, seizures, depression or other mental or nervous system disorder?					<input type="checkbox"/> <input type="checkbox"/>
13. If any questions (9-12) are answered Yes, thoroughly explain here. If more space is needed, add an additional page, signed and dated, which becomes part of this application.					
14. Life insurance in force \$_____ Will this insurance replace or change any existing life insurance policy or annuity contract with any company including Shelter Life? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list name of company, policy number, face amount and send replacement form(s) with application.					
15. List name, address, SSN and relationship of Owner if other than Proposed Insured.					
<p>The Owner and Proposed Insured, if other than the Owner, each declares that he or she has read the answers recorded in this application and that they are complete and true to the best of his or her knowledge and belief, and agrees that: (a) this application and any amendments to it and any statements made and recorded on the medical examination form shall become the basis for and be a part of any contract of insurance; (b) any policy or rider issued on the basis of this application will belong to and be solely under the control of the Owner; (c) only the Shelter Life Insurance Company, at its Home Office, may make or modify contracts or waive any of its rights or requirements, and then only in writing; (d) no Agent of Shelter Life Insurance Company and no Medical Examiner is authorized to accept or pass upon insurability; and (e) except as provided in the Conditional Coverage Receipt, if issued, insurance will not be effective unless: (1) a policy is delivered to the Owner during the lifetime of the Proposed Insured; and (2) to the best of the Owner's and Proposed Insured's knowledge there has been no material change in the answers herein since the date of this application or the completion of all medical examination requirements.</p> <p>The Owner declares that the Conditional Coverage Receipt has been detached from this application and given to him or her. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>THE PROPOSED INSURED ACKNOWLEDGES RECEIPT OF THE NOTICE OF CONSUMER REPORT AND MIB PRE-NOTICE AS REQUIRED BY THE CONSUMER PROTECTION AGENCY.</p> <p>This application is a legal document. The policy may be altered or rescinded if the questions are not answered correctly and truthfully.</p> <p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <div style="display: flex; justify-content: space-between;"><div>(Signature of Proposed Insured)</div><div>(Signature of Owner, if other than Proposed Insured)</div><div>Date</div></div> <div style="display: flex; justify-content: space-between;"><div></div><div>(Month) (Day) (Year)</div><div></div></div> <p>I hereby certify that I personally asked every question of the Owner, and Proposed Insured if other than Owner, and accurately recorded the answers given and that I witnessed the signature(s) above.</p> <div style="display: flex; justify-content: space-between;"><div>(Signature of Writing Agent)</div><div>(Print Name of Writing Agent)</div><div>(Agent's Number)</div><div>(Agent's Phone Number)</div></div>					



Authorization for Use or Disclosure Of Protected Health Information

1. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB Group, Inc. or other organization, institution, or person, that has any records or knowledge of me or my health, to give to the Shelter Life Insurance Company, its Medical Director, its reinsurers, and Shelter Mutual Insurance Company, any and all such health information. I further authorize Shelter Life Insurance Company, and its reinsurers, to disclose such protected health information to MIB Group, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.
2. I understand that this protected health information will be used to locate or underwrite insurance for me, or to determine whether a valid claim for benefits has been made. The information may also be disclosed by Shelter Life Insurance Company to MIB, who, upon request, may disclose such information about me in its file to another member company with whom I apply for life or health insurance or to whom a claim for benefits may be submitted.
3. I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.
4. I understand that the information in my health record may include information that may be considered a communicable or venereal disease that may include, but is not limited to diseases such as hepatitis, syphilis, gonorrhea, and acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. This authorization is valid for 12 months from the date of signing. I understand that I may revoke this authorization at any time by sending written notification to Shelter Life Insurance Company, 1817 West Broadway, Columbia, MO 65218-0001, except to the extent that action has been taken in reliance on this authorization. A photographic copy of this authorization will be treated in the same manner as the original.

Print Name and Date of Birth of Proposed Insured

Signature of Proposed Insured or Parent if Proposed Insured is a Juvenile

Date

A copy of this signed form will be provided to the individual upon request.

THIS AUTHORIZATION MEETS THE REQUIREMENTS SET FORTH IN THE HIPAA PRIVACY RULE (45 CFR 164.508).

Detach and leave with Proposed Insured or Owner **ONLY IF** premium is collected with application.

CONDITIONAL COVERAGE RECEIPT

CONDITIONAL COVERAGE RECEIPT – void if altered or modified or if check given in payment is not honored.

NO INSURANCE WILL BE EFFECTIVE BEFORE POLICY DELIVERY TO PROPOSED INSURED OR OTHER OWNER UNLESS ALL THE CONDITIONS ON THIS RECEIPT ARE FULFILLED EXACTLY.

Premium received from _____ Amount \$ _____
in connection with the application for insurance made on this date to Shelter Life Insurance Company,
1817 West Broadway, Columbia, Missouri 65218-0001.

Policy Applied For Level Term To Age 40 Face Amount \$ 50,000

by _____ , _____ (Date)
(Signature of Writing Agent) (Agent's Number)

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO SHELTER LIFE INSURANCE COMPANY. DO NOT POSTDATE OR MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

If Shelter Life Insurance Company declines to issue the policy applied for or issues it other than as applied for, which you do not accept, the payment will be returned.

CONDITIONS PRECEDENT – EFFECTIVE DATE OF INSURANCE

The insurance for which you (Proposed Insured) have applied, will be effective on the date of the application or the date a required medical examination and/or test(s) of any kind is completed, whichever is later, but only if the following conditions are met:

1. You have paid the full premium with the application;
2. You have completed all medical examination requirements;
3. We (Shelter Life Insurance Company), at our Home Office, have determined by our guidelines, that the Proposed Insured is qualified for the type and amount of insurance requested at the premium paid.

If the above conditions are not met, the Proposed Insured will not be insured unless we offer and you accept the policy under modified terms. That modified policy will be effective on the date approved by us at our Home Office only if (1) we deliver your policy while the Proposed Insured is alive; (2) to your best knowledge there has been no material change in your answers on the application since the application date; and (3) you have paid any additional premium and/or signed any endorsements required.

CONDITIONAL COVERAGE AMOUNT AND LIMIT – The amount of insurance which may become effective on the Proposed Insured under the policy applied for prior to delivery will not exceed the lesser of: (a) \$250,000, including accidental death benefits, on all pending applications or (b) the amount applied for.

NO AGENT OF SHELTER LIFE INSURANCE COMPANY IS AUTHORIZED TO CHANGE ANY PROVISION OR CONDITION OF THIS RECEIPT.

Detach and leave with Proposed Insured when application is written.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Shelter Life Insurance Company or its reinsurers may, however, make a brief report thereon to **the MIB, Inc., formerly known as Medical Information Bureau**, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is **50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734**.

Shelter Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. **Information for consumers about MIB may be obtained on its website at www.mib.com.**

NOTICE OF CONSUMER REPORT

As a part of our normal underwriting procedure, an investigative consumer report may be made to give us applicable information concerning character, general reputation and personal characteristics except as may be related directly or indirectly to the Insured's mode of living of persons to be insured. This information will be obtained through personal interviews primarily with you or your family, friends, neighbors, business associates and financial sources. Upon written request to the Life Underwriting Department at Shelter Life Insurance Company's home office in Columbia, Missouri, additional information as to the nature and scope of the Investigative Consumer Report, if one is made, will be furnished to you.

<i>SERFF Tracking Number:</i>	<i>SHLI-126095237</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42023</i>
<i>Company Tracking Number:</i>	<i>03LI0309</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>EZ Term Application</i>		
<i>Project Name/Number:</i>	<i>EZ Term App/10309</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: CERTIFICATION-FLESCH-ARK.pdf		
Satisfied - Item: Application Comments: This filing is for the application. Attachment: L-306.14.pdf		
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: Not Applicable--this is an application. Comments:		



SHELTER INSURANCE COMPANIES

SHELTER MUTUAL
SHELTER GENERAL
SHELTER LIFE

CERTIFICATION

This is to certify that the following forms have achieved the indicated Flesch Reading Ease Scores and comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form No.</u>	<u>Name</u>	<u>Score</u>
L-306.14	Application for Life Insurance	41.5

Signed _____
Dina Krofta, FSA, MAAA
Senior Life Actuary
Shelter Life Insurance Company



C O N T R A C T



A P P E Z



SHELTER LIFE INSURANCE COMPANY

1817 WEST BROADWAY, COLUMBIA, MISSOURI 65218-0001

**\$50,000 LEVEL TERM
TO AGE 40**

**APPLICATION FOR LIFE INSURANCE
EZ TERM**

Applicant's Family # _____

1. Name (Last) (First) (MI)		SSN		<input type="checkbox"/> M <input type="checkbox"/> F	
2. Marital Status	Hgt. ' "	Wgt. lbs.	Birth Date	Age	State of Birth
3. Address (Street)		(City)		(State)	(Zip)
4. Phone No.			U.S. Citizen or Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Driver's Lic. #		State	Occupation		
6. Primary Beneficiary (Name, address, age, relationship)			Contingent Beneficiary		
7. Payment Mode: <input type="checkbox"/> Ann. <input type="checkbox"/> Semi-Ann. <input type="checkbox"/> Qtrly. <input type="checkbox"/> Sp. Mon.			Prem. Attached \$	<input type="checkbox"/> COD	Yes No
8. Have you, in the last 12 months, used tobacco in any form?					<input type="checkbox"/> <input type="checkbox"/>
9. Have you, in the last 3 years, been convicted of a DWI, a DUI or any other moving violations?					<input type="checkbox"/> <input type="checkbox"/>
10. Do you participate in aviation activities, ultralight flying, hang gliding, parachute jumping, rodeo riding, underwater diving, racing of any motor powered vehicle or any other hazardous sport or activity?					<input type="checkbox"/> <input type="checkbox"/>
11. Have you, in the last 5 years, used illegal drugs or had treatment for alcohol or drug use?					<input type="checkbox"/> <input type="checkbox"/>
12. Have you, in the last 5 years, had or been treated for: frequent asthma attacks or other lung disorder, diabetes, tumor, cancer, heart or blood disorder, high blood pressure, liver or kidney disease, ulcerative colitis, Crohn's disease, multiple sclerosis, lupus, muscle disease of any kind, positive HIV test, AIDS, seizures, depression or other mental or nervous system disorder?					<input type="checkbox"/> <input type="checkbox"/>
13. If any questions (9-12) are answered Yes, thoroughly explain here. If more space is needed, add an additional page, signed and dated, which becomes part of this application.					
14. Life insurance in force \$_____ Will this insurance replace or change any existing life insurance policy or annuity contract with any company including Shelter Life? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list name of company, policy number, face amount and send replacement form(s) with application.					
15. List name, address, SSN and relationship of Owner if other than Proposed Insured.					
<p>The Owner and Proposed Insured, if other than the Owner, each declares that he or she has read the answers recorded in this application and that they are complete and true to the best of his or her knowledge and belief, and agrees that: (a) this application and any amendments to it and any statements made and recorded on the medical examination form shall become the basis for and be a part of any contract of insurance; (b) any policy or rider issued on the basis of this application will belong to and be solely under the control of the Owner; (c) only the Shelter Life Insurance Company, at its Home Office, may make or modify contracts or waive any of its rights or requirements, and then only in writing; (d) no Agent of Shelter Life Insurance Company and no Medical Examiner is authorized to accept or pass upon insurability; and (e) except as provided in the Conditional Coverage Receipt, if issued, insurance will not be effective unless: (1) a policy is delivered to the Owner during the lifetime of the Proposed Insured; and (2) to the best of the Owner's and Proposed Insured's knowledge there has been no material change in the answers herein since the date of this application or the completion of all medical examination requirements.</p> <p>The Owner declares that the Conditional Coverage Receipt has been detached from this application and given to him or her. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>THE PROPOSED INSURED ACKNOWLEDGES RECEIPT OF THE NOTICE OF CONSUMER REPORT AND MIB PRE-NOTICE AS REQUIRED BY THE CONSUMER PROTECTION AGENCY.</p> <p>This application is a legal document. The policy may be altered or rescinded if the questions are not answered correctly and truthfully.</p> <p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <div style="display: flex; justify-content: space-between;"><div>(Signature of Proposed Insured)</div><div>(Signature of Owner, if other than Proposed Insured)</div><div>Date</div></div> <div style="display: flex; justify-content: space-between;"><div></div><div>(Month) (Day) (Year)</div><div></div></div> <p>I hereby certify that I personally asked every question of the Owner, and Proposed Insured if other than Owner, and accurately recorded the answers given and that I witnessed the signature(s) above.</p> <div style="display: flex; justify-content: space-between;"><div>(Signature of Writing Agent)</div><div>(Print Name of Writing Agent)</div><div>(Agent's Number)</div><div>(Agent's Phone Number)</div></div>					



Authorization for Use or Disclosure Of Protected Health Information

1. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB Group, Inc. or other organization, institution, or person, that has any records or knowledge of me or my health, to give to the Shelter Life Insurance Company, its Medical Director, its reinsurers, and Shelter Mutual Insurance Company, any and all such health information. I further authorize Shelter Life Insurance Company, and its reinsurers, to disclose such protected health information to MIB Group, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.
2. I understand that this protected health information will be used to locate or underwrite insurance for me, or to determine whether a valid claim for benefits has been made. The information may also be disclosed by Shelter Life Insurance Company to MIB, who, upon request, may disclose such information about me in its file to another member company with whom I apply for life or health insurance or to whom a claim for benefits may be submitted.
3. I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.
4. I understand that the information in my health record may include information that may be considered a communicable or venereal disease that may include, but is not limited to diseases such as hepatitis, syphilis, gonorrhea, and acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. This authorization is valid for 12 months from the date of signing. I understand that I may revoke this authorization at any time by sending written notification to Shelter Life Insurance Company, 1817 West Broadway, Columbia, MO 65218-0001, except to the extent that action has been taken in reliance on this authorization. A photographic copy of this authorization will be treated in the same manner as the original.

Print Name and Date of Birth of Proposed Insured

Signature of Proposed Insured or Parent if Proposed Insured is a Juvenile

Date

A copy of this signed form will be provided to the individual upon request.

THIS AUTHORIZATION MEETS THE REQUIREMENTS SET FORTH IN THE HIPAA PRIVACY RULE (45 CFR 164.508).

Detach and leave with Proposed Insured or Owner **ONLY IF** premium is collected with application.

CONDITIONAL COVERAGE RECEIPT

CONDITIONAL COVERAGE RECEIPT – void if altered or modified or if check given in payment is not honored.

NO INSURANCE WILL BE EFFECTIVE BEFORE POLICY DELIVERY TO PROPOSED INSURED OR OTHER OWNER UNLESS ALL THE CONDITIONS ON THIS RECEIPT ARE FULFILLED EXACTLY.

Premium received from _____ Amount \$ _____
in connection with the application for insurance made on this date to Shelter Life Insurance Company,
1817 West Broadway, Columbia, Missouri 65218-0001.

Policy Applied For Level Term To Age 40 Face Amount \$ 50,000

by _____ , _____ (Date)
(Signature of Writing Agent) (Agent's Number)

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO SHELTER LIFE INSURANCE COMPANY. DO NOT POSTDATE OR MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

If Shelter Life Insurance Company declines to issue the policy applied for or issues it other than as applied for, which you do not accept, the payment will be returned.

CONDITIONS PRECEDENT – EFFECTIVE DATE OF INSURANCE

The insurance for which you (Proposed Insured) have applied, will be effective on the date of the application or the date a required medical examination and/or test(s) of any kind is completed, whichever is later, but only if the following conditions are met:

1. You have paid the full premium with the application;
2. You have completed all medical examination requirements;
3. We (Shelter Life Insurance Company), at our Home Office, have determined by our guidelines, that the Proposed Insured is qualified for the type and amount of insurance requested at the premium paid.

If the above conditions are not met, the Proposed Insured will not be insured unless we offer and you accept the policy under modified terms. That modified policy will be effective on the date approved by us at our Home Office only if (1) we deliver your policy while the Proposed Insured is alive; (2) to your best knowledge there has been no material change in your answers on the application since the application date; and (3) you have paid any additional premium and/or signed any endorsements required.

CONDITIONAL COVERAGE AMOUNT AND LIMIT – The amount of insurance which may become effective on the Proposed Insured under the policy applied for prior to delivery will not exceed the lesser of: (a) \$250,000, including accidental death benefits, on all pending applications or (b) the amount applied for.

NO AGENT OF SHELTER LIFE INSURANCE COMPANY IS AUTHORIZED TO CHANGE ANY PROVISION OR CONDITION OF THIS RECEIPT.

Detach and leave with Proposed Insured when application is written.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Shelter Life Insurance Company or its reinsurers may, however, make a brief report thereon to **the MIB, Inc., formerly known as Medical Information Bureau**, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is **50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734**.

Shelter Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. **Information for consumers about MIB may be obtained on its website at www.mib.com.**

NOTICE OF CONSUMER REPORT

As a part of our normal underwriting procedure, an investigative consumer report may be made to give us applicable information concerning character, general reputation and personal characteristics except as may be related directly or indirectly to the Insured's mode of living of persons to be insured. This information will be obtained through personal interviews primarily with you or your family, friends, neighbors, business associates and financial sources. Upon written request to the Life Underwriting Department at Shelter Life Insurance Company's home office in Columbia, Missouri, additional information as to the nature and scope of the Investigative Consumer Report, if one is made, will be furnished to you.